
Purpose	Describe how applicants/clients are to be notified of ineligibility
Notification of Ineligibility	When a WIC applicant/client is found to be ineligible for any reason they must be given a completed "Ineligibility Letter for WIC/CSFP" at the time they are found ineligible.
Notice of Fair Hearing	The right to a fair hearing and how to request a fair hearing are a part of the Ineligibility Letter.
Completion of The Ineligibility Letter	The Ineligibility Letter should be completed as described below. An example of a completed letter may be found later in this procedure.

Step	Action
1	Circle WIC at the top of the letter to designate the program in which the client has been found ineligible for.
2	Write client's/applicant's name(s) who are ineligible for WIC on the line(s) at the top of the letter.
3	Mark the box(es) indicating the reason(s) the client has been found ineligible for program participation.
4	When the letter is used for more than one person staff should use the corresponding number by each person's name and write this in the box next to the reason to indicate why each person was denied WIC benefits.
5	The date checks were last issued to the client should be completed. The period of time for which the benefits were issued (i.e. Monthly, Bi-Monthly) should be marked in the appropriate space.
6	The date the notice is effective should be filled in by staff. For more information on determining the date when benefits end, refer to Section E, page 2 of this volume of the procedure manual.
7	The staff member giving the client the letter should sign and date the letter.

Client's Copy

The completed letter should be given to the client/responsible party.

**Documentation Form
Was Given**

Staff should document that the Ineligibility letter was given by recording the date given and their initials in the appropriate area on the WIC Certification Signature Form. See example below

Translation of Form

The Ineligibility Letter for WIC/CSFP is available with English and Spanish printed on the same form.

Ordering

Copies of the Ineligibility Letter for WIC/CSFP, for use in clinics, may be ordered from the State WIC Office. Order using the "WIC Materials Order Form for Forms."

INELIGIBILITY LETTER FOR NEBRASKA WIC/CSFP

Thank you for applying and/or participating in our program. Those named below have been found to be ineligible for ☐ WIC or ☐ CSFP for the reason(s) marked. Please reapply if any changes occur in your household that you feel may make you eligible for the program.

1) _____ ☐ 6 mo pp ☐ 5 yr 2) _____ ☐ 6 mo pp ☐ 5 yr
3) _____ ☐ 6 mo pp ☐ 5 yr 4) _____ ☐ 6 mo pp ☐ 5 yr

Address: _____ Phone: _____

INELIGIBILITY REASONS

- ☐ as a **CSFP** client you do not reside within the local agency service area.
- ☐ as a **WIC** client you do not reside in Nebraska.
- ☐ No nutritional/medical risk.
- ☐ you have an income that is too high for the program.
- ☐ you do not meet category requirements for the program.
- ☐ you have not picked up **CSFP** food for two months and are being dropped to make room for new clients.
- ☐ you have asked to be taken off ____ **WIC** ____ **CSFP**.
- ☐ Other: _____

THE LAST MONTH CHECKS/FOOD WERE GIVEN FOR (MONTH/YEAR)

Staff Signature

Date of Notice

REQUESTING A FAIR HEARING

If I am dissatisfied with any decisions made regarding the eligibility or receipt of benefits for my child or myself, the following procedure may be followed:

1. I may request a fair hearing by mail, verbally, or by giving a written request to the local program director. My request should be made within 60 calendar days from the date the local agency mailed or gave me the written notice of denial or termination of benefits.
2. Health and Human Services will notify me of the time, date and place of the hearing at least 10 days before the hearing.
3. If my representative or I cannot appear at the scheduled time and place, I may request the hearing officer to change it. I will be provided one opportunity to reschedule the hearing date upon written request submitted to Health and Human Services. If my representative or I do not appear for the hearing or if I request the hearing to be cancelled, it will be cancelled.
4. I may present my position personally or by a lawyer. A relative or friend may assist me. I may look at my WIC/CSFP records before and during the hearing and bring witnesses to the hearing.
5. I will be sent a written decision concerning the hearing within 45 calendar days after the hearing was requested.
6. If I do not agree with the decision at the hearing, I may appeal to the district court within 39 calendar days from the date on the written hearing decision.
7. The detailed Fair Hearing Procedures may be requested from your Local Program Director.

WIC/CSFP is an equal opportunity provider

Rev 9/09

Spanish WIC/CSFP Ineligibility Letter:

AVISO DE INEGIBILIDAD PARA RECIBIR SERVICIOS DEL PROGRAMA WIC/CSFP DE NEBRASKA

Gracias por solicitar y/o participar en nuestro programa. Aquellas personas mencionadas abajo no califican para recibir los servicios ofrecidos por WIC o por CSFP (*Programa de alimentos y productos suplementarios*) según la(s) razón(es) marcada(s). Por favor vuelva a solicitar si ocurre algún cambio que usted crea le haga calificar o ser elegible para recibir estos servicios.

1) _____ O 6 meses posparto 2) _____ O 6 meses posparto
O 5 años de edad O 5 años de edad
3) _____ O 6 meses posparto 4) _____ O 6 meses posparto
O 5 años de edad O 5 años de edad

Dirección: _____ Teléfono: _____

RAZONES POR LAS CUALES SE HA CONCLUIDO INEGIBILIDAD

- ☐ Como cliente de **CSFP** usted no vive dentro del área de servicios de la agencia
- ☐ Como cliente de **WIC** usted no vive en Nebraska.
- ☐ No existen riesgos nutricionales/médicos.
- ☐ Sus ingresos sobrepasan los límites del programa (usted gana más de lo permitido para recibir servicios)
- ☐ Usted no cumple con los requisitos esenciales del programa.
- ☐ Usted no ha utilizado alimentos de **CSFP** durante dos meses y ha sido descalificado para poder servir a otros clientes.
- ☐ Usted mismo ha solicitado no seguir recibiendo alimentos de parte de **WIC** **CSFP**.

EL ÚLTIMO CHEQUE MENSUAL O ALIMENTOS SE ENTERGARON PARA (MES/AÑO)

Firma oficial

Fecha del aviso

CÓMO SOLICITAR UNA AUDIENCIA IMPARCIAL

Si no estoy satisfecho(a) con alguna de las decisiones tomadas en cuanto a mi elegibilidad o capacidad de recibir beneficios para mi niño(a) o para mí mismo(a), puede seguirse el siguiente procedimiento:

1. Puedo pedir una audiencia imparcial por correo, verbalmente o al enviarle una petición escrita al director del programa local. Mi petición debe ser hecha dentro de los primeros 60 días después de que la agencia haya enviado por correo el aviso escrito el cual me informa del hecho que mis beneficios han terminado o han sido negados.
2. El Dpto. de Salud y Servicios Humanos me notificará de la hora, fecha y lugar en la que se llevará a cabo la audiencia al menos 10 días antes de la audiencia.
3. Si ni mi representante ni yo no podemos asistir a la audiencia en la fecha programada, puedo pedirle al oficial de audiencias que cambia la fecha. Se me dará una oportunidad de reprogramar la fecha de la audiencia después de haberle enviado una petición por escrito al Departamento de Salud y Servicios Humanos. Si ni mi representante ni yo asistimos a la audiencia o si yo pido que sea cancelada, se cancelará la audiencia.
4. Puedo presentar mi posición personalmente o a través de un abogado. Algún familiar o amigo puede ayudarme. Puedo consultar documentos de WIC/CSFP que me pertenezcan antes y durante la audiencia y traer testigos.
5. Se me enviará una decisión en cuanto a la audiencia por escrito y después de 45 días calendario desde la fecha en que se solicitó la audiencia.
6. Si no estoy de acuerdo con la decisión concluida por la audiencia, puedo apelar en ante la corte distrital dentro de los primeros 39 días después de la fecha que aparece en el aviso de decisión de la audiencia.
7. Si quiere conocer más detalles sobre el procedimiento para pedir audiencias imparciales, contacte al Director del programa local.

WIC/CSFP es proveedor de igual oportunidad

Rev 12/09